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Country note**

Nepal

Summary

The Executive Director presents the country note for Nepal for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Nepal has a population of 22.4 million, 44 per cent of whom are under the age of 15 years, and it is growing at a rate of 2.4 per cent per year. About one half of the population reside in the *terai* (plains) bordering on India, with the remainder living in scattered settlements in the hills and mountains. With a gross national product of $220 per capita and 45 per cent of the population living below the poverty line, Nepal is classified as one of the world's least developed and poorest countries. It is subject to frequent natural disasters (floods and landslides).

2. Since the restoration of democracy in 1990, successive Governments have struggled to implement administrative and institutional reforms to improve governance. Political instability and an overly centralized administration have hampered national efforts to reduce poverty. Recently, however, the passage of the Local Self-governance Act in 1999 represents an opportunity to bring accountable governance closer to the people and to enhance popular participation in development.

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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3. The infant and under-five mortality rates have declined from 123 and 138 per 1,000 live births, respectively, in 1990, to 75 and 104 in 1999. The nutritional status of children aged 6 to 36 months has improved little; the proportion of young children suffering from stunting has decreased from 65 per cent in 1975 to only 51 per cent in 1998, indicative of their continued poor growth and development. Micronutrient deficiencies, particularly of iron, vitamin A and iodine, are highly prevalent. Deaths of children under five years old are due mainly to diarrhoea, acute respiratory infections and perinatal causes, with malnutrition contributing to 55 per cent of all deaths. The underlying determinant is the inadequate care of children at the family level.

4. Since achieving universal child immunization in 1990, coverage at first fell drastically, then steadily increased; and in 1998, an estimated 65 per cent of infants were fully immunized. The goal of polio eradication is pursued vigorously with National Immunization Day coverage reaching 94 per cent. Some 85 per cent of children under five years old in 69 of Nepal's 75 districts received vitamin A supplements.

5. The number of children in primary schools has increased from 0.5 million in 1975 to 3.5 million in 1997, when the net enrolment ratio stood at 70 per cent. Girls make up 40 per cent of all children in school. Drop-out and repetition rates are high. Only 40 per cent of children are expected to complete primary school. This is due to the generally poor quality of teaching, teacher absenteeism, poor physical school environments and hidden costs to poor parents despite the policy of free education. Enrolment declines further in secondary education.

6. An estimated 2.6 million children 5-14 years old (42 per cent) are in the labour force. In some districts, this includes children of families in debt bondage. Around 5,000 to 7,000 girls 10-20 years old are trafficked each year to India for commercial sex work, and in Nepal, approximately one fifth of all commercial sex workers are between 12-15 years old. By 18 years of age, 60 per cent of girls are married, and 40 per cent of them are either mothers or pregnant. A recent survey found that adolescents account for 15 per cent of all cases of HIV/AIDS and that 40 per cent of married adolescent girls have never heard of HIV/AIDS. Literacy rates for women (23 per cent) are considerably lower than for men (57 per cent). The maternal mortality ratio is high at about 540 per 100,000 live births, with only 8 per cent of deliveries taking place in health institutions. Life expectancy for women (53.5 years) is lower than for men (55 years). An underlying factor in all these problems is ingrained gender discrimination resulting from patterns of denial and gender-biased socialization that begin in early childhood. Women have extremely limited decision-making power, virtually no inheritance rights and lesser rights by law in marriage than men.

7. Problems for children and women are greater in the midwestern and far western regions and in the mountains, where poverty is most acute, services least accessible and gender discrimination most manifest. Those regions are also the epicentre of an armed insurrection, which has exacerbated poverty and hampered the delivery of basic social services.

Lessons learned from past cooperation

8. The programme's experience of pursuing development goals through national sectoral action has yielded some positive results. These are seen particularly in promising immunization levels and very high coverage of vitamin A supplementation, which have contributed significantly to declining child mortality. These successes are due largely to mobilization efforts by local government, volunteer health workers and local non-governmental and community-based organizations (NGOs and CBOs). Innovative UNICEF experiences with teacher training, decentralized educational planning and pre-schools in the 1992-97 Basic and Primary Education Programme (BPEP) have been incorporated as national policy in the new BPEP 2 (1999-2004), a sector-wide approach (SWAP) with financial support from the World Bank; the Governments of Denmark, Finland and Norway; the European Union; and UNICEF. Technologies used today in rural water supply were pioneered through UNICEF cooperation, and the programme has successfully raised the profile of nutrition, sanitation and child protection in national policy. It has contributed to improved awareness and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as an enhanced understanding of the interrelation between children's rights and development.

9. However, sustainability and inclusion of the poorest remain issues. There has been a comparative lack of progress in dealing with more complex problems such as malnutrition, hygiene and improved psychosocial development of young children, which depend less on improving vertical service delivery than on care practices at family and community levels. Analysis of shortfalls in coverage and in participation in community processes has revealed ingrained patterns of discrimination and exclusion of women and girls, disadvantaged castes, ethnic groups and remote populations that cannot be addressed through national action alone.

10. During the current programme, the strategy of decentralized planning and action across all sectors has demonstrated results, in particular considerable reductions in malnutrition in many communities. This strategy was a combination of support for capacity-building of local government counterparts and communities, in conjunction with sector support converging at district and community levels. The strategy also pioneered support for the preparation of medium-term district periodic plans, which are an essential step in the devolution of financial authority envisaged in the Local Self-governance Act.

11. The 1999 mid-term review concluded that the comparative advantage of UNICEF now lay in furthering the strategy of decentralization, in combination with influencing national policies, towards demonstrating its sustainability and results in other areas of child development and gender equity. By building local government capacity and making it more accountable, this strategy is consistent with a rights-based approach. Both the Government and donors see this as a vital contribution that UNICEF can make in the current development context of Nepal in partnership with other United Nations agencies.

Proposed country programme strategy

12. The goal of the proposed country programme is the progressive realization of children's and women's rights. It operates within the framework of the Ninth National Development Plan (1997-2002), whose goal is to reduce poverty by 50 per cent by 2015, and its continuation in the Tenth Plan (2002-2007); and of the New Global Agenda for Children. The development of the programme strategy began with the preparation of the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), which was developed in collaboration with the Government and other development partners and through decentralized consultations with the people of Nepal. Thus, the country programme strategy follows the rights-based approach of UNDAF in reducing discrimination, enhancing meaningful participation, and developing the accountability of the State and other duty-bearers to respect, protect and fulfil the rights of children.

13. Based on lessons learned in the current programme, and the strategies and partnerships developed in the UNDAF, the strategy of the next country programme will be to support decentralized action for children and women. It will be linked to sector support to influence policies and actions at national and decentralized levels in order to take them to scale. This is consistent with the Government's approach to poverty reduction, which emphasizes popular participation and empowered decentralized local governance. It is being operationalized in 60 districts, with support from the United Nations Development Programme (UNDP), to strengthen local governance and enhance economic opportunities for families and communities. UNICEF cooperation in the social sectors is a vital contribution to this approach.

14. Through **decentralized action for children and women**, local government at district, municipality and village levels will be strengthened to undertake convergent planning and the provision of basic social services for children and women. This will be achieved in concert with the local line agencies of central ministries, NGOs and CBOs, and will include expanded assistance for the development of district periodic plans. Local government agents at the village level, along with local NGOs, will also work with organized community groups of both men and women to build their capacity to assess the situation of children and women, analyse the causes, and plan appropriate action using their own and external resources. These community processes are important to ensure that children's and women's problems are perceived not only by external agencies, but internalized by the people themselves, who are also involved in planning the solutions. This, in turn, will make them more sustainable. Special care will be taken to ensure the participation of the most vulnerable and disadvantaged in these processes.

15. Facilitation of community processes will focus on improving home-based care for young children to improve feeding practices, hygiene, health-seeking behaviour and psychosocial stimulation, with an emphasis on the equal treatment of boys and girls. It will also address such areas as women's workload, and their access to essential health care in pregnancy and at childbirth. It will attempt to enhance their powers of decision-making in general. Service delivery strategies will be based around the Integrated Management of Childhood Illness initiative; improving the quality and child-friendliness of local community-based child development centres and schools, with a special emphasis on girls; providing out-of-school youth with learning opportunities to prevent child labour and teach them life skills, including

knowledge, attitudes and behaviours to prevent HIV/AIDS; and essential care for women during pregnancy and childbirth, including emergency obstetric care.

16. This strategy will cover approximately 20 selected districts across Nepal's five development regions and three ecological zones. These will include districts under insurgency, to mitigate its effects on the delivery of basic social services to children and women in need, and will focus especially on districts in the midwestern and far western regions. Community processes will initially cover a limited intra-district area and gradually expand on the basis of experience gained. Some service delivery aspects will be district-wide from the outset. In particular areas related to vulnerability and special protection, limited support will also be provided to some other districts where child trafficking and debt bondage are prevalent. This will be achieved through support to local NGO solidarity networks, community vigilance groups and improved law enforcement by the Nepal police. This strategy is complementary to and will be implemented in partnership with UNDP and the Netherlands Development Organisation, which are supporting the strengthening of local governance and enhanced economic opportunities for families and communities. In some food deficit districts, UNICEF will also collaborate with the World Food Programme to facilitate improved maternal and young child nutrition.

17. **National sector support** will cover four important areas. First, it will assist central government ministries working in the areas of health, education, water supply and environmental sanitation, child protection and gender to provide technical assistance and human resources development in support of decentralized action. Second, it will assist the development of appropriate sector policies within the growing regime of SWAPs and the Poverty Reduction Strategy Paper, feeding into this process operational experience gained through decentralized action. In addition to its continuing role in supporting BPEP 2, UNICEF will collaborate with the World Bank, the World Health Organization, and the Governments of Germany, the United Kingdom and the United States to assist the Government to operationalize the second long-term health plan through the introduction of an essential health-care package.

18. Third, it will cover continued UNICEF support to nationwide programmes on immunization, vitamin A supplementation with deworming, and salt iodization, working towards universal coverage, the eradication of polio and the elimination of maternal and neonatal tetanus. Special efforts will be made to revitalize routine immunization, improve injection safety and introduce underused vaccines through the Global Alliance on Vaccines and Immunization. Fourth, communication and advocacy will focus especially on improving the position of women and girls, enhancing the policy profile of integrated early childhood development, children in need of special protection and halting the spread of HIV/AIDS.

19. Results from this strategy of linking decentralized actions with sector support at the national level will be monitored in focus districts in areas such as the reduction of malnutrition; child health; quality basic education, particularly girls' education; reductions in child labour and trafficking; and reduced gender discrimination. These will feed into influencing the policies of the Government and actions by other partners to take them to a larger scale.

20. In support of the country programme strategy, **cross-sectoral costs** will cover: (a) planning, monitoring, evaluation and research, with a special focus on gearing up to new challenges, such as women and children affected by armed conflict and

disaster preparedness, within overall United Nations planning for these areas; (b) human resources development of both counterparts and UNICEF staff; and (c) resource mobilization to ensure adequate funding of programme activities and the strengthening of partnerships.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Decentralized action for children and women	9 606	22 394	32 000
National sector support	6 500	22 500	29 000
Cross-sectoral costs	5 500	3 500	9 000
Total	**21 606**	**48 394**	**70 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.